

# Recommended 2013-2014 Adult Influenza Vaccine Screening Questions

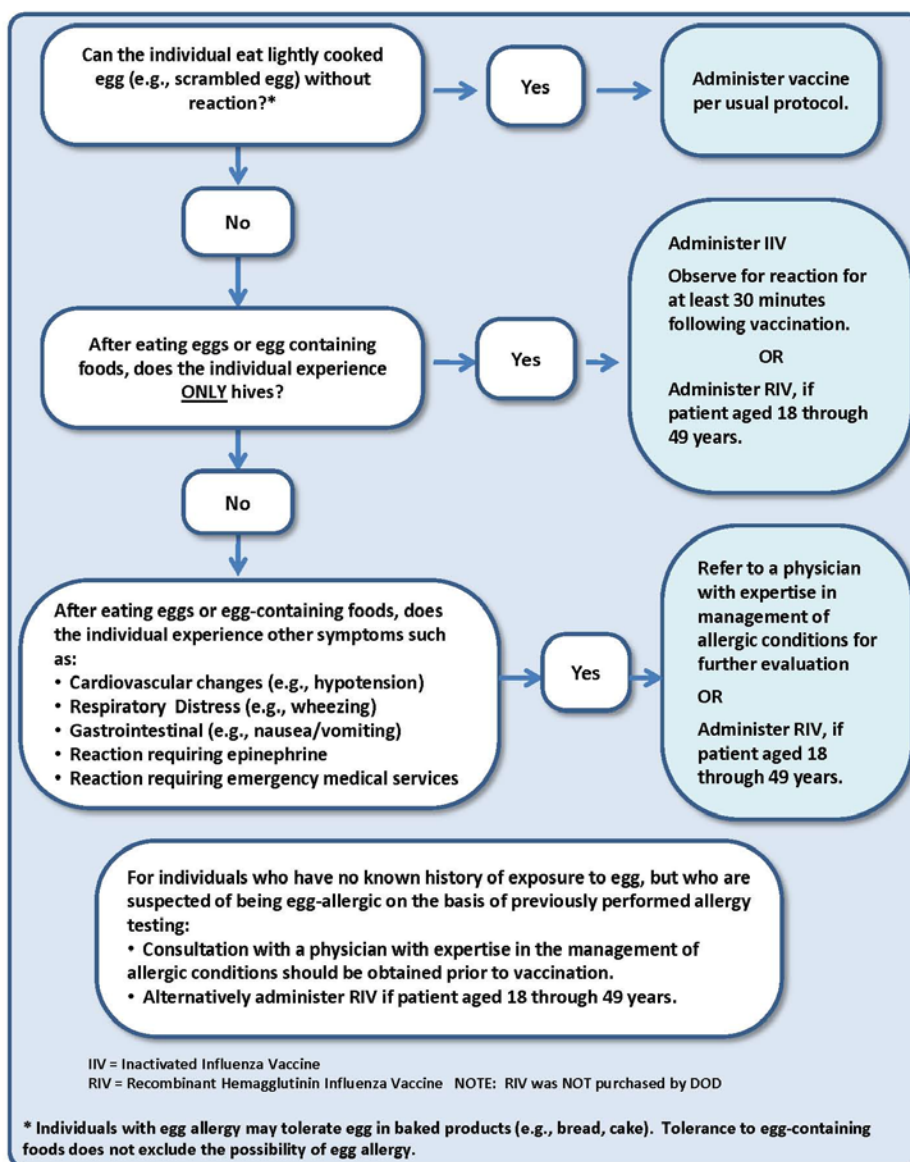
## Live, Attenuated Influenza Vaccine (LAIV)

## Inactivated Influenza Vaccine (IIV)

1.	<p><b>Do you currently feel sick or have a fever?</b></p> <p>There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, the vaccination may be delayed until the illness has improved. If nasal congestion is present that might impede delivery of LAIV to nasopharyngeal mucosa, use IIV. Do not withhold vaccination if a person is taking antibiotics.</p>
2.	<p><b>Have you ever had a serious reaction to a flu vaccine?</b></p> <p>Patients reporting a serious reaction to a previous dose of influenza vaccine should be asked to describe their symptoms. A history of anaphylactic reaction to a previous dose of vaccine or vaccine component is a contraindication to further vaccination against influenza. Mild-to-moderate systemic reactions (e.g., fever, malaise, myalgia, and other systemic symptoms) are not contraindications to vaccination.</p>
3.	<p><b>Do you have a history of Guillain-Barré Syndrome (GBS)?</b></p> <p>Unless the individual is at high risk for severe influenza complications, it is recommended by ACIP to exempt those known to have experienced GBS, within 6 weeks after receiving a previous influenza vaccination. The individual should be referred to the physician for further guidance.</p>
4.	<p><b>Have you had any food or medication reactions?</b></p> <p>Adverse reactions to any vaccine component can occur. The following lists the components that have the potential to cause an allergic or anaphylactic reaction (see the package insert for full list): FluMist and Fluzone (egg protein, gelatin); Afluria and Fluvirin (egg protein, neomycin); and Flucelvax (egg protein). Although some influenza vaccines contain only a limited quantity of egg protein, this protein can induce immediate allergic reactions among persons who have a severe egg allergy. All individuals with a potential egg allergy should be evaluated per the most current ACIP influenza vaccine recommendation and egg allergy algorithm. The following lists the components that have the potential to cause local or site reactions: FluMist (gentamicin, arginine); Fluzone (formaldehyde, thimerosal (multi-dose vials only)); Afluria (polymyxin B, thimerosal (multi-dose vial only)); and Fluvirin (polymyxin B, thimerosal). Additionally, latex is found in the single-dose syringe tip caps for Fluvirin and Flucelvax.</p>
5.	<p><b>Are you pregnant or planning to become pregnant in the next month?</b></p> <p>The American College of Obstetricians and Gynecologists recommended that all women who will be pregnant or planning to become pregnant during the influenza season receive IIV. Pregnant women may be vaccinated at any point in gestation. LAIV is NOT recommended for use in pregnant women, but postpartum and breastfeeding women may receive LAIV or IIV.</p>
6.	<p><b>Are you 50 years of age or older?</b></p> <p>Individuals who are 50 years of age and older should NOT be vaccinated with LAIV. Instead they should be vaccinated with IIV.</p>
7.	<p><b>Do you have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or a blood disorder?</b></p> <p>Individuals with any of these health conditions should NOT be vaccinated with LAIV. Instead, they should be vaccinated with IIV because they are at high risk from influenza complications.</p>
8.	<p><b>Do you have a weakened immune system because of HIV or another disease that affects the immune system, long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?</b></p> <p>Individuals with weakened immune systems should NOT be given LAIV. Instead, they should be vaccinated with IIV because they are at high risk for influenza complications.</p>
9.	<p><b>Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours?</b></p> <p>Administration of IIV to individuals receiving influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir) is acceptable but receipt of certain influenza antivirals could reduce LAIV efficacy. Therefore, providers may want to defer vaccination with LAIV until 48 hours or more after receipt of last dose of antivirals. Patients should avoid using antivirals for 14 days after vaccination, if feasible.</p>

10.	<p><b>Do you live with or expect to have close contact with severely immunocompromised individuals living in a protective environment (e.g., in isolation)?</b></p> <p>Healthcare personnel (HCP) and persons who have close contact with severely immunocompromised persons during those periods in which the immunosuppressed person requires care in a protective environment (typically defined as a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes), should be vaccinated with IIV. HCP and individuals who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with chronic immunocompromising conditions such as HIV infection, corticosteroid or chemotherapeutic medication use, or who are cared for in other hospital areas such as neonatal intensive care units) can receive IIV or LAIV.</p>
11.	<p><b>Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks?</b></p> <p>If the individual received a live virus vaccine (e.g., Varicella, MMR, Yellow Fever, Smallpox) in the past 4 weeks, they should be vaccinated with IIV or wait 28 days before receiving LAIV. There is no reason to defer vaccination if the individual was vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products.</p>

### Influenza Vaccination for Persons with Egg Allergies Algorithm



Developed based on the recommendations and guidelines from the Advisory Committee on Immunization Practices (ACIP) meeting held 19-20 Jun 2013